CORRESPONDENCE

- *All letters must be typed with double spacing and signed by all authors.*
- *No letter should be more than 400 words.*
- *For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the BMJ.*
- *We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.*
- *Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.*

Doctors convicted of manslaughter

SIR,—The recent prosecution of two junior hospital doctors for manslaughter has attracted much publicity.[1] It is the first time that such charges have arisen relating to the administration of intrathecal drugs, but it is not the first accident of its kind. My elder brother died as a result of a junior doctor administering a massive intrathecal overdose of gentamicin while receiving treatment for meningitis after neurosurgery.

My family felt great bitterness and anger about the circumstances surrounding his death. We sought a full explanation from the staff and a reassurance that steps would be taken to prevent such a disaster occurring again. However, the hospital was unhelpful, uncommunicative and, above all, unresponsive to our distress. Furthermore, the coroner and the General Medical Council appeared unwilling to address our questions about guidelines and procedures for administering potentially dangerous drugs.

It is with great distress that I hear of such accidents, including that in Peterborough, occurring with disturbing regularity, and it seems to me that we should strive to reduce the risks of such events occurring. We must be fully aware of the terrible consequences that mistakes have on patients, their families, and often also the hospital staff. So how can things be improved to reduce the risks of such accidents occurring?

I believe that there should be stricter guidelines and better education of junior staff with regard to administering drugs. As a final year medical student I have received no formal teaching on a clinical basis about drug administration, and communications from students at other medical schools suggests this is a widespread deficiency in clinical teaching. More careful labelling of drugs, particularly those for intrathecal administration, and certainly checking of drugs with other members of staff should be standard practice and would certainly help to prevent similar accidents occurring. I am in no position to institute such changes, but because of the loss suffered by my family, I feel they should be encouraged.

When accidents do happen, as occasionally they will, we must be able to admit that they are accidents and not see this as a weakness on our part, for we are all human. We must be able to approach relatives sensitively to offer explanations and reassurances; failure to do so can only add to the misery and despair caused by the loss of a loved one.

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1 Dyer C. Doctors convicted of manslaughter. *BMJ* 1991;**303**: 1157. (9 November.)

SIR,—The recent conviction of two junior doctors for manslaughter after a misplaced injection of a chemotherapeutic agent must have caused many colleagues to think that "there but for the grace of God go I."[1] The case raised important questions about the training and supervision of junior doctors in chemotherapy procedures.

One of my preregistration jobs entailed giving chemotherapy on Sunday afternoons. I learnt of this aspect of my duties only during a busy first weekend on take when I was telephoned by the ward sister to be told, "Your chemotherapy patients are here." Without prior training or supervision I had to prepare and administer several toxic infusions. Luckily, no disasters resulted.

It seems clear that the two doctors in question did make a mistake. Mistakes are not, however, made in a vacuum but in context. Aside from the need for training and supervision, it is difficult to perform a planned task properly if you are also simultaneously responsible for responding to emergencies. Therefore if these doctors were also, for example, carrying a cardiac arrest bleep or were on take for emergency admissions the hospital authority should shoulder part of the responsibility.

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1 Dyer C. Doctors convicted of manslaughter. *BMJ* 1991;**303**: 1157. (9 November.)

SIR,—Clare Dyer's news item on the convictions of Dr Michael Prentice and Dr Barry Sullman for manslaughter does not give a complete picture of the background to the case, expand enough on some of the points made in evidence, or fully explore the wider implications of this judgment.[1] I have read all the documents in the case and was present for almost all of the trial.

For society to be satisfied with its system of justice three features must be clear. These are that justice must be done, it must be seen to be done, and it must be consistent. The medical profession, and junior doctors in particular, may consider that the last feature was missing in this case. Junior doctors regularly deal with the carnage produced by reckless driving, and it will not have escaped their notice that on the same day as Dyer's article was published a driver who was responsible for 10 deaths on the M4 was punished with a fine of £250 and did not even lose his driving licence. As Dyer points out, the prosecution case after the sinking of the *Herald of Free Enterprise* collapsed despite over 250 deaths; in the case of the rail disaster at Clapham criminal action was not moved despite British Rail's admission of gross negligence; and no action is to be taken over the fire on the Piper Alpha oil rig unless that being planned by relatives succeeds.

Evidence was given in court by two professors of oncology, a professor of medicine, and the dean of a medical school that neither of these two doctors should have been giving chemotherapy agents. In addition, a consultant in haematology from the same region agreed that the training that Dr Prentice had received in giving chemotherapy agents was totally inadequate and that Dr Sullman should not have been asked to supervise. Thus part of the defence case was that these two doctors were the victims of a thoroughly inadequate system.

The case is going to be referred to the General Medical Council. The council may well look at the role of other doctors concerned in this case, and the General Nursing Council may look at the part played by the senior nursing staff. The Health and Safety Executive could bring a prosecution against Peterborough Health Authority if, as was alleged in court, Dr Sullman had received no training regarding the risks of handling chemotherapy agents.

Dyer refers to other cases of criminal prosecution of people being negligent in carrying out a "professional" service. The difference between those cases and the present one is that the accused were all fully qualified in their professions, whereas Dr Prentice was a house officer and Dr Sullman was a senior house officer, both positions at the very bottom of the medical hierarchy.

All junior doctors may want to look carefully at any task they are asked to undertake and insist on appropriate supervision to make sure that they do not put themselves at any risk of criminal proceedings.

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1 Dyer C. Doctors convicted of manslaughter. *BMJ* 1991;**303**: 1157. (9 November.)

SIR,—The successful prosecution of Dr Michael Prentice and Dr Barry Sullman for manslaughter is a tragedy.[1] They are guilty of nothing more than making a mistake. There is not a single doctor who has never made an error in giving a drug; these two were desperately unlucky in that their mistake had such grave consequences.

These errors are not surprising as doctors, unlike their nursing colleagues, are given almost no formal training in administering drugs. One can assume only that the jury chose to find these two men guilty as a way of shaking up a complacent profession and ensuring that it alters its practices. If the two are struck off by the General Medical Council this will confirm that the profession intends to treat them as scapegoats rather than face up to the problem and deal with it.

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1 Dyer C. Doctors convicted of manslaughter. *BMJ* 1991;**303**: 1157. (9 November.)